



**DENTAL BOARD OF CALIFORNIA**  
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
 TELEPHONE: (916) 263-2300  
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 www.dbc.ca.gov



## Verification of Pending Contract for Clinical Practice

The dentist listed below is applying to California for licensure based upon, among other criteria, having a pending contract with your organization to practice dentistry full time. You are being requested to verify his/her pending contract. *Append copy of contract*

I hereby certify that \_\_\_\_\_ has a contract to practice dentistry full time in \_\_\_\_\_ (name of qualified agency) at this address: \_\_\_\_\_. This agency is:

- ☐ Licensed under subdivision (a) of Section 1204 of the Health and Safety Code, or
- ☐ This facility is exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or
- ☐ This clinic is owned or operated by a public hospital or health system, or
- ☐ This clinic is owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under §17000 of the Welfare and Institutions Code.

Employment will commence after the dentist is issued a California dental license, and will continue for (mo./yrs) \_\_\_\_\_.

All parties understand that the Dental Board may periodically request verification of compliance with the employment requirements, and may revoke said dentist's license in the case of non-compliance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Contact Number*